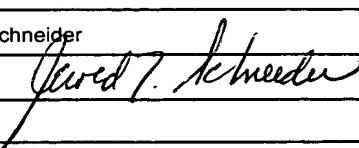




FEE TRANSMITTAL

								Docket No.	4004-025-30						
								Serial No.	09/926,519						
								Filing Date	November 30, 2001						
								Inventor(s)	Etienne DEGAND, et al.						
								Group Art Unit	3742						
TOTAL AMOUNT OF PAYMENT				\$440.00				Examiner	John A. Jeffery						
<p>1. <input type="checkbox"/> Applicant claims small entity status.</p> <p><input checked="" type="checkbox"/> Charge any UNDERPAYMENT or credit any OVERPAYMENT in the indicated fees to Deposit Account No. 50-1442.</p> <p><input type="checkbox"/> Charge the indicated fees to Deposit Account No. 50-1442.</p>								FEE CALCULATION (continued)							
								3. ADDITIONAL FEES							
								Large Entity		Small Entity		Fee Description			
2. <input checked="" type="checkbox"/> Check enclosed.								Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Paid			
FEE CALCULATION								1051	130	2051	65	Surcharge-late filing fee or oath			
1. BASIC FILING FEE								1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet			
Large Entity		Small Entity		Fee Description				1053	130	1053	130	Non-English Specification			
Fee Code	Fee (\$)	Fee Code	Fee (\$)					Fee Paid	1251	110	2251	55	1-mo. ext. of time		
1001	770	2001	385	Utility filing fee					1252	420	2252	210	2-mo. ext. of time		
1002	340	2002	170	Design filing fee					1253	950	2253	475	3-mo. ext. of time		
1003	520	2003	260	Plant filing fee					1254	1480	2254	740	4-mo. ext. of time		
1004	770	2004	385	Reissue filing fee					1255	2010	2255	1005	5-mo. ext. of time		
1005	160	2005	80	Provisional filing fee					1401	330	2401	165	Notice of Appeal		
SUBTOTAL (1)								\$0.00	1402	330	2402	165	Appeal Brief		
2. EXTRA CLAIM FEES								1403	290	2403	145	Request for Oral Hearing			
tot. claims		-	20*	=	0	x	\$18	=	0	1501	1330	2501	665	Utility/Reissue Issue Fee	
ind. claims		-	3*	=	0	x	\$86	=	0	1502	480	2502	240	Design Issue Fee	
<input type="checkbox"/>	Multiple Dependent Claims							\$290	=	1504	300	1504	300	Publication Fee	
Large Entity		Small Entity		Fee Description				8001	3	8001	3	Advance Copy of Patent			
Fee Code	Fee (\$)	Fee Code	Fee (\$)					1460	130	1460	130	Petitions to the Commissioner			
1202	18	2202	9	Claims in excess of 20				1806	180	1806	180	IDS Submission			
1201	86	2201	43	Independent claims in excess of 3				8021	40	8021	40	Assignment recordation			
1203	290	2203	145	Multiple dependent claim, if not paid				1801	770	2801	385	For Filing RCE			
1204	84	2204	43	*Reissue independent claims over original patent				1814	110	2814	55	Terminal Disclaimer			
1205	18	2205	9	*Reissue claims in excess of 20 and over original patent				OTHER (indicate below):							
SUBTOTAL (2)								\$0.00							
* or number previously paid, if greater; For Reissues, see above												SUBTOTAL (3)		\$440.00	

Name	Jerold I. Schneider			Registration No.		24,765	
Signature				Date			Telephone
Name				Registration No.			